PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							A	Application or Docket Number 10/702,453			ing Date 07/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY	
FOR			NUMBER FI	LED	NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		l	N/A]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	4		N/A		N/A]	N/A		
EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A			N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	minus 20 = *			П	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			size fee due r each hereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										J			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
	APP	OED – PAR (Column 2		SMAL	L ENTITY	OR		ER THAN ALL ENTITY					
AMENDMENT	03/19/2009	CLAIMS REMAINING AFTER AMENDMEN	IING NUM		SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 15	Minus	- 23		= 0		X \$26 =	0	OR	x s =		
ΙŻ	Independent (37 CFR 1.16(h))	• 1	Minus	3		= 0	ı	X \$110 =	0	OR	x s =		
ΜĒ	Application Size Fee (37 CFR 1.16(s))						ı						
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())		Minus	**			П	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***			l	x \$ =		OR	x \$ =		
Ψ	Application Size Fee (37 CFR 1.16(s))						ı			1			
Αľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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